ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR STATE TAX AGENCY	
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
APPLICATION OF (Name):	
TAVE 1/27/27/27/27/27/27/27/27/27/27/27/27/27/	
TAXPAYER/RESPONDENT	CACE NUMBER.
NOTICE OF HEARING—EARNINGS WITHHOLDING ORDER FOR TAXES	CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:
NAIVIE OF STATE TAX AGENCT.	
1. NOTICE TO	
a. Attorney for State Tax Agency (name and address): b. Taxpayer (name	and address):
	'
2. A hearing on the Application for Earnings Withholding Order for Taxes will be held as follo	ws:
a. Date: Time: Dept.:	Div.: Room:
b. Address of court: Lasame as noted above above cother (specify):	
CLERK'S CERTIFICATE OF MAILING	
I certify that I am not a party to this cause and that a true copy of the foregoing <i>Notice of Hearing was</i> mailed, postage fully prepaid, in a	
sealed envelope addressed as shown in item 1 above, and this certificate was executed on (date): at (place):
, California.	
, Camornia.	
Clark by	, Deputy
Clerk, by	, Deputy